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Bib Data Sheet

CONFIRMATION NO. 4354

SERIAL NUMBER 09/313,828	FILING OR 371(c) DATE 05/18/1999 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 23119/04016
APPLICANTS JOHN R. LAU, HOWARD, OH; W. BLAIR GEHO, WOOSTER, OH; GEORGE H. SNEDEKER, WOOSTER, OH;				
** CONTINUING DATA ***** This appln claims benefit of 60/085,969 05/19/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/07/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 41
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 10		
ADDRESS Debra D. Norman 4042 E. Timberline Road Gilbert ,AZ 85297				
TITLE TARGETED LIPOSOMAL DRUG DELIVERY SYSTEM				
FILING FEE RECEIVED 907	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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INDEPENDENT CLAIMS 10				
ADDRESS 24024				
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SERIAL NUMBER <div style="text-align: center;">09/313,828</div>	FILING DATE <div style="text-align: center;">05/18/99</div>	CLASS <div style="text-align: center;">424</div>	GROUP ART UNIT <div style="text-align: center;">1615</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">787444-2001</div>
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APPLICANT

JOHN R. LAU, HOWARD, OH; W. BLAIR GEHO, WOOSTER, OH; GEORGE H. SNEDEKER, WOOSTER, OH.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/07/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> _____ <u>Initials</u> _____	STATE OR COUNTRY <div style="text-align: center;">OH</div>	SHEETS DRAWING <div style="text-align: center;">8</div>	TOTAL CLAIMS <div style="text-align: center;">41</div>	INDEPENDENT CLAIMS <div style="text-align: center;">10</div>
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ADDRESS

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 NEW YORK NY 10151

TITLE

TARGETED LIPOSOMAL DRUG DELIVERY SYSTEM

FILING FEE RECEIVED <div style="text-align: center;">\$907</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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